## **CIGNA HEALTHCARE (POS)**

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| (This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at |  |  |
|  | www.Cigna.com  |  |
| COVERAGE PLAN DESCRIPTION  | IN NETWORK A managed care program which offers employees, covered dependents and retirees the ability to use selected hospitals and  | OUT OF NETWORK  A fee for service program that provides you the freedom to use any physician or accredited hospital of your choice   |
|  | doctors, with 100% benefits for covered charges, after applicable co-payments. You select a primary care physician who manages   | without going through a primary care physician (PCP). Payments are based on reasonable and customary (R & C)   |
|  | your healthcare needs within the network.  | charges. Providers who do not participate in CIGNA's network may balance bill you for the amount which exceeds R & C. Coverage is subject to deductibles and co-insurance. |
| DEDUCTIBLES/COPAYMENTS   | Co-payments<br>\$10 Physician office visit<br>\$50 Emergency Room (waived if admitted)<br>\$5/\$10/\$15 Prescriptions for 30 day supply<br>Mail Order: \$10/\$20/\$30 for 90 day supply. | Deductible \$200 per individual; \$500 per family \$50 Emergency Room Co-payment (waived if admitted) Prescription benefit same as in network. See below for clarification |
| PHYSICIANS   | Choose any primary care physician from CIGNA HealthCare participating provider list. Covered family members may choose their own primary care physician.                                 | Choose any licensed physician; covered charges payable at 70% of reasonable & customary (R & C) after deductible.  |
| A. IN-HOSPITAL PHYSICIAN   |  |  |
| SERVICES: Surgery/Visits & Consultations Anesthesiologist  | Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.   | Benefits payable at 70% reasonable & customary (R & C) covered charges, after deductible is met.   |
| B. OUT-PATIENT PHYSICIAN SERVICES:   |  |  |
| Office visits for illness  | \$10 co-payment; then 100%   | 70% of R & C covered charges, after deductible is met.   |
| Office visits for injury   | \$10 co-payment; then 100%   | 70% of R & C covered charges, after deductible is met.   |
| Diagnostic X-Rays, Lab Tests, X-Ray treatments   | 100%   | 70% of R & C covered charges, after deductible is met.   |
| Pediatrician 1) Medically Necessary  | \$10 co-payment; then 100%   | 70% of R & C covered charges, after deductible is met.   |
| 2) Preventive<br>(Child Health Supervision<br>Services)  | \$10 co-payment; then 100% Covers one visit per calendar year for all services provided up to age 16.  | 100% of R & C covered charges, no deductible.  |
| Routine Physical   | \$10 co-payment; then 100%   | Not covered  |
| Obstetrical/Gynecological  | \$10 co-payment, then 100%. PCP referral not required. Mammograms, PAP smears payable at 100%  | 70% of R & C covered charges, after deductible is met.   |

| *Note: These hospitals are not full service hospitals but are contracted for specialty or specific services only. | Benefits payable at 100% at following affiliated hospitals when admitted with PCP authorization:  MIAMI-DADE COUNTY  Aventura • Baptist • Cedars •Coral Gables •Health South Doctor's Hospital • Hialeah •  Kendall Regional • Mercy • Miami Children's •  Miami Heart • Mt. Sinai • Miami Heart •North  Shore • Palmetto General • Parkway Regional • SMH Homestead • South Miami • University of Miami/Jackson Memorial Hospital and Clinics • Villa Maria Rehab Hospital*  BROWARD COUNTY  Broward General • Cleveland Clinic • Coral Springs • Florida Medical • Hollywood Medical Center • Holy Cross • Imperial Point •  Memorial •Memorial West • North Broward •  Northwest Medical • North Ridge • Plantation General • University • Westside Regional | 70% of R & C covered charges, after deductible is met.  |
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| Hospital/Surgical Requirements: Precertification of hospital confinements   | Handled by admitting physician.   | Precertification required or benefits will result in a \$500 penalty. This is the responsibility of the member, not the providers.  |
| Drug & Alcohol Treatment:<br>Inpatient  | \$25 per inpatient day. Maximum of 45 days annually.  | Benefits payable at 70% of R & C, after deductible is met. Maximum of 45 days annually.   |
| Outpatient  | \$10 co-payment, up to 30 outpatient visits per calendar year.  | 70% of R & C charges after deductible is met to a maximum of 30 visits per calendar year.   |
| Mental & Nervous Disorders:   |   |   |
| Inpatient Outpatient  | 100%. Maximum of 45 days annually. \$10 co-payment, up to 30 outpatient visits per calendar year.   | Benefits payable at 70% R & C covered charges, after deductible is met.  Maximum of 45 days annually.  70% of R & C charges after deductible is met to a maximum of 30 visits per calendar year.  |
| Other Services Ambulance Vision   | 100% Coverage provided for diseases of the eye and/or injuries to the eye. Eye exams, glasses, contact lenses not covered.  | 70% of R & C charges after deductible is met. Coverage provided for diseases of the eye and/or injuries to the eye at 70% of R & C after deductible is met. Eye exams, glasses, contact lenses not covered.   |
| Prescription Drugs:   | \$5 Generic/\$10 Preferred Brand/\$15 Non-Preferred Brand prescriptions for 30 day supply including prescription contraceptives at participating pharmacies such as Clark Pharmacy, Eckerd, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart and Winn Dixie. Mail order: 2x copay for 90-day supply. See plan literature for other participating pharmacies.  | \$5 Generic/\$10 Preferred Brand/\$15 Non-Preferred Brand prescriptions for 30 day supply including prescription contraceptives at participating pharmacies such as Clark Pharmacy, Eckerd, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart and Winn Dixie. Mail order: 2x copay for 90- day supply. See plan literature for other participating pharmacies. |

| Durable Medical Equipment (DME): | Covered at 100%.   | 70% of R & C charges after deductible is met. |
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| Out of Area:<br>1) Emergency     | \$50 co-pay, waived if admitted/100%.  | \$50 co-pay, waived if admitted/100%.         |
| 2) Non-Emergency                 | 70% of R & C charges after deductible is met.  | 70% of R & C charges after deductible is met. |
|                                  | Maximum lifetime benefits is unlimited in-network, \$1 million out of network. Out-of-network annual out-of-pocket maximum is \$1,500 per individual for participating providers in the traditional network, no family maximum. Non-participating out-of-network providers have not agreed to accept CIGNA's reasonable and customary standard (R & C) as payment in full for covered services. Therefore, if a non-participating provider is used the insured is also responsible for the difference between R & C and the non-participating provider's actual charges. |   |